

**Volunteer Application Form**



Please complete and return this form to [volunteers@solent.nhs.uk](mailto:volunteers@solent.nhs.uk)

or call us on: 0300 123 4013



**Your details**

|  |  |  |
| --- | --- | --- |
| Mr / Miss … | Title | Mr/Miss/Mrs/Ms/Other - please circle  or state: |
|  | \* Surname |  |
|  | \* First Names |  |
|  | Preferred Name |  |
|  | \* Address / Postcode |  |
|  | \* Telephone |  |
|  | \* Email |  |
|  | \* Emergency Contact | (Name, Relationship, Telephone Number) |

**Your details**

|  |  |  |
| --- | --- | --- |
|  | Do you have a disability? | Yes  No (please ✓ one) |
|  | \*Date of Birth |  |
|  | How did you hear about volunteering for Solent NHS Trust?  (please ✓ one) | Trust website  Facebook  Twitter  Radio  Instagram  Member of staff  Family or friend  Other (please say): |

\* required information

**Questions about you volunteering**

|  |  |  |
| --- | --- | --- |
|  | What days of the week are you free? |  |
|  | What times are you free? |  |
|  | Where could you volunteer? (Portsmouth / Southampton / working from home) |  |
|  | What skills, knowledge or experience can you bring to Solent NHS Trust? |  |

|  |  |  |
| --- | --- | --- |
|  | Why would you like to volunteer for Solent NHS Trust?  Give examples of things you have done that make you a good volunteer. |  |
| DBS | Do you have a DBS (Disclosure and Barring Service) check? | If yes, please write down the certificate number below and send us a copy of it with your application.  Certificate Number: |
|  | Do you have a car or other transport? |  |
|  | Do you have any health issues that might affect your volunteering? |  |
|  | Do you live with anyone who is at risk? |  |

**References**

Please give the names and telephone numbers of two referees who have known you for at least 3 years.

We are asking for a personal character reference; it may be someone you have worked with, a friend or neighbour (they should know you well). If you have been in education or work in the last 3 years, ideally one of your referees should be a teacher or someone you worked with. **Referees cannot be relatives.**

**Referee 1:**

|  |  |  |
| --- | --- | --- |
| **Mr / Miss …** | Title |  |
|  | \* Surname |  |
|  | \* First Names |  |
|  | \* Address |  |
|  | \* Post Code |  |
|  | \* Telephone |  |
|  | Email |  |
|  | \*Relationship to you |  |

**Referee 2:**

|  |  |  |
| --- | --- | --- |
| **Mr / Miss …** | Title |  |
|  | \* Surname |  |
|  | \* First Names |  |
|  | \* Address |  |
|  | \* Post Code |  |
|  | \* Telephone |  |
|  | Email |  |
|  | \*Relationship to you |  |



*Thank you for your support, we could not do this without our volunteers.*

**Disclosure and Baring Service (DBS) form**

**Please note - This information will not be shared with the interviewer**

|  |  |  |
| --- | --- | --- |
| **Mr / Miss …** | Title |  |
|  | Gender |  |
|  | First Name |  |
|  | Have you ever used another first name? |  |
|  | If yes, what were they and when did you use them? Please give dates. |  |
|  | Middle Names |  |
|  | Do you have **other** middle names? |  |
|  | If you have other middle names, what are they?  When have you used them (give dates)? |  |
|  | Your surname |  |
|  | Have you ever used another surname? |  |
|  | If yes, what were they and when did you use them? Please give dates. |  |
|  | Date of Birth |  |
|  | Were you born in the UK? |  |
|  | If no, please say where you were born. |  |
|  | Which town were you born in? |  |
|  | Which country were you born in? |  |
|  | Nationality |  |
|  | National Insurance number |  |
|  | Your address |  |
|  | Your postcode |  |
|  | What date did you move to this address? |  |
|  | If you have lived here for less than 5 years, please tell us your other addresses in the last 5 years with dates. |  |
|  | Mobile number |  |
|  | Best time to call you |  |
|  | Email address |  |
|  | Do you have any convictions, cautions, reprimands or final warnings? |  |

**DBS application form consent**

|  |  |
| --- | --- |
|  | There is another part of this application which needs to be done online. **If you would like Solent NHS Trust to do this for you** please sign your name and date below. We will let you know when it has been done. |
|  | Your signature: |
|  | Today’s date: |

**Supporting information**

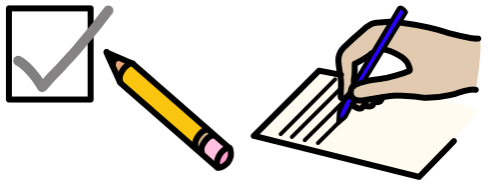
|  |  |
| --- | --- |
|  | Please send us 3 forms of identification. One must be photo identification (passport or driving licence). A photograph or scan of the identification is fine.   * A copy of your driving licence (if you have one) * A copy of your passport or birth certificate * Proof of your address (a household bill or bank statement from the last 6 months) |
|  | Please also send in:   * A picture of yourself for your identification (ID) Badge (a selfie picture is OK, if it is clear). |
|  | If you have had a Disclosure and Baring Service (DBS) check in the last 3 years, please take a picture of all of the certificate and send this to us. This can help speed up your application. |

**Occupation Health and Wellbeing Service – Health Assessment Form**

**Please note - This information will not be shared with the interviewer**

**About you**

|  |  |  |
| --- | --- | --- |
|  | Name |  |
|  | Date of Birth |  |
|  | Address |  |
|  | Telephone number |  |
|  | Family Doctor / GP |  |
|  | GP Address |  |
|  | GP Telephone number |  |
|  | Your Emergency contact |  |
|  | Relationship to you |  |
|  | Emergency contact telephone number |  |

**Your health** 

|  |  |  |
| --- | --- | --- |
|  | Have you seen your GP or other health professional, for more than minor complaints, in the last year?  **Please give details** | Yes  No |
|  | Do you have any health problems that could  affect you in the workplace?  **Please give details** | Yes  No |
|  | Do you have any impairment which may needadjustments to be made in the workplace?  **Please give details** | Yes  No |
|  | Do you have any allergies?  Examples: medications, wasp/bee stings, latex, soaps etc.  **Please give details** | Yes  No |



**Tuberculosis (TB) Yes ✓ No ✓**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you ever had TB? |  |  |
|  | Do you have a productive cough? |  |  |

**Yes ✓ No ✓**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you have swollen neck glands? |  |  |
|  | Do you suffer weight loss, fatigue or  night sweats? |  |  |
|  | Do you have friends or family who have the TB symptoms above? |  |  |
|  | Have you recently moved to the UK? |  |  |
|  | Have you recently lived or worked in a TB endemic area for more than 3 months? |  |  |

|  |  |  |
| --- | --- | --- |
|  | If you answered **YES** to any questions about TB above; **please give details** |  |
|  | Have you been in contact with any infectious diseases in the last 3 months? Like Measles or German Measles? | Yes  No |
|  | Have you had Chicken Pox? | Yes  No |

**Vaccinations** – when did you last have these vaccinations? You may need to check with your GP. Please write the date of each vaccination.



Date of vaccination

|  |  |  |
| --- | --- | --- |
|  | **Polio -** This vaccination may be given as Diphtheria/Tetanus/Polio Name |  |
|  | **Tetanus -** This vaccination may be given as Diphtheria/Tetanus/Polio |  |
|  | **Rubella -** This vaccination may be given as MMR |  |
|  | **BCG for TB** |  |

|  |  |  |
| --- | --- | --- |
| **I declare the information I have given is correct** | | |
|  | My signature: |  |
|  | Today’s date: |  |

**Code of Confidentiality Agreement, Data Protection and our Responsibilities to Non-Solent NHS Trust Employees**

This information is for people who work with Solent NHS Trust as volunteers, students or on work experience or shadowing.

**Code of Confidentiality**

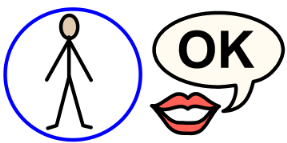
|  |  |
| --- | --- |
|  | Whilst I am working with Solent NHS Trust I may work with confidential or sensitive information. This information might be about patients, carers, staff or Trust business. |
|  | I agree that I will not share or talk about this information now or after my work with Solent NHS Trust (unless I have the permission of the Chief Executive or another Senior Officer of the Trust). |
|  | I understand that if I do share this information, I can be reported to the Information Commissioner’s Office who enforces the Data Protection Act 2018 and other data protection regulations. |
|  | I understand that **all** confidential and sensitive information has rules about how it is used. These rules are in:   * The General Data Protection Regulations 2016, * Caldicott Principles, * Copyright Designs and Patients Act 1998, * Computer Misuse Act 1990 * Freedom of Information Act 2000. |
|  | When I work with Solent NHS Trust, I will follow the Trust policies and procedures which are:   * Data Protection Compliance Policy * Records Management Policy * Information Request Policy * Information Sharing Protocols * NHS Code of Confidentiality |

**Sharing Patient information**

|  |  |
| --- | --- |
|  | I know there are rules about sharing patient information. I will obey the rules. If I am unsure about sharing patient information, I will ask my manager. |
|  | If I do not follow the rules I may lose my job. I may also face prosecution. |

**Agreement**

|  |  |  |
| --- | --- | --- |
|  | I understand that I must follow all the rules the above. I will keep following these rules after I have stopped working with Solent NHS Trust. | |
|  | My signature |  |
|  | My name |  |
|  | Today’s date |  |



**Please note – if you are under 18, please ask your parent or guardian to complete the Consent below.**

|  |  |  |
| --- | --- | --- |
| I give permission for my child to do voluntary work for Solent NHS Trust: | | |
|  | Name of child |  |
|  | Name of Parent or Guardian |  |
|  | Today’s date |  |
|  | Signature |  |

**Monitoring Information**

Please note - This information will not be shared with the interviewer

|  |  |
| --- | --- |
|  | NHS organisations know that having a diverse workforce of volunteers is good. |
|  | We are committed to treating all employees and volunteers with dignity and respect. |
|  | It makes no difference what age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation you are. |
|  | We welcome applications from all sections of the community |

**About me**

|  |  |  |  |
| --- | --- | --- | --- |
|  | DOB |  | |
|  | Gender |  | Male |
|  | Female |
|  | I don’t want to say |



**My ethnic origin is**

|  |  |
| --- | --- |
| **Asian or Asian British:** | |
| Bangladeshi |  |
| Indian |  |
| Pakistani |  |
| Any other Asian background |  |



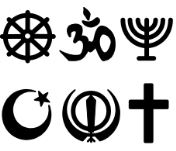


|  |  |
| --- | --- |
| **Black or Black British** | |
| African |  |
| Caribbean |  |
| Any other black background |  |
|  |  |
| **Mixed** | |
| White and Asian |  |
| White and Black African |  |
| White and Black Caribbean |  |
| Any other mixed background |  |
|  |  |
| **White** | |
| British |  |
| Irish |  |
| Any other White background |  |
|  |  |
| **Other Ethnic Group** | |
| Chinese |  |
| Any other ethnic group |  |
|  |  |
| **I do not want to say** |  |



**My sexuality**

|  |  |
| --- | --- |
| Lesbian |  |
| Gay |  |
| Bisexual |  |
| Other |  |
| Heterosexual |  |
| **I do not want to say** |  |



**My religious belief**

|  |  |
| --- | --- |
| Atheism |  |
| Buddhism |  |
| Christianity |  |
| Islam |  |
| Jainism |  |
| Sikhism |  |
| Judaism |  |
| Hinduism |  |
| Other |  |
| **I do not want to say** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Do you have a disability?** | Yes  No  I do not want to say | |
| Please tell us what type of disability or disabilities you have | | | |
|  | Physical Impairment | |  |
|  | Sensory Impairment | |  |
|  | Mental Health Problem | |  |
|  | Learning Disability or Difficulty | |  |
|  | Long-standing Illness | |  |
|  | Other | |  |